

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | TC | 7C1147 | 11/06/01 |
| RESPONSE FORMALITY REVIEW | ET | 1027 | 12/01/02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | | |
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| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 51 | ✓ | | |
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| Claim | Final | Original | Date |
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| 101 | ✓ | | |
| 102 | ✓ | | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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61
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